

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6		1				
7		6				
8						
9						
10						
11		6				
12		1				
13						
14						
15						
16						
17	1					
18	1					
19		1				
20		2				
21		1				
22						
23						
24						
25						
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35		1				
36		3				
37		3				
38		1				
39		3				
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	15					
TOTAL DEP.	40					
TOTAL CLAIMS	56					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						